

VIRGINIA DEPARTMENT OF FORESTRY FOREST LAND ENHANCEMENT PROGRAM

FLEP NUMBER

TRACT NUMBER: _____ PARCEL: _____ LANDOWNER'S NAME: _____

APPLICANT'S REQUEST

I, _____ (NAME), request funding under the Forest Land Enhancement Program for the practice indicated below at _____ (ADDRESS OR LOCATION).

I understand the payment to me shall be _____ per _____ based on the practice. I agree:

1. To install practices according to state recommendations, including recommended forestry best management practices (BMPs) consistent with the Virginia Forestry BMP Water Quality Technical Guide, by _____ (12 months from the application approval date).
2. To comply with the Virginia Silvicultural Water Quality Act and the Seed Tree Law when required by the Department of Forestry.
3. To refund any incentive payments along with a 10% penalty fee, if for any reason the approved project is not completed as prescribed, or if seedlings planted as part of the project are intentionally removed or destroyed (by current or subsequent landowners) within a period of ten (10) years following the project completion date.
4. To designate and assume responsibility for boundaries of the parcel where service work is to be performed; and to give Department of Forestry employees the right to enter the property for the purpose of inspecting the progress and maintenance of the project.
5. That charges for services and seedlings provided by the Department of Forestry will be subtracted directly from the cost-share payment. In the event of a statement for charges exceeding the amount of cost-share allowed, if the statement is not paid within 30 days, I will be subject to a late payment fee of 10% per annum. In addition, if the matter is referred for collection, I will be liable for an additional 20% of the unpaid balance.
6. To provide receipts or contractor's statement of cost.
7. That in the event that by operation of law the powers and authority of the State Forester shall be so curtailed as to prevent the continued performance of his duties hereunder, or in the event that the U.S. Forest Service or Congress shall fail to appropriate adequate funds for the continuance of this agreement, then this agreement and all responsibilities of the State Forester hereunder shall cease.
8. That I qualify for the agricultural exemption from Virginia Retail Sales and Use Tax on seedlings purchased from the Department of Forestry as the trees are to be planted for future commercial production of timber.
9. That I/my organization have not treated more than 1,000 acres with FLEP cost-share funds this fiscal year on any lands in the U.S. or its territories; and I/my organization has not received more than \$100,000 in FLEP cost-share payments since the program began.

SERVICES AGREEMENT

[Check the reforestation services you wish to obtain from the Virginia Department of Forestry]

- ☐ Coordinate Planting On Tract @ \$ _____ Per Acre \$ _____ Minimum ☐ Deliver Seedlings To Tract
- ☐ Coordinate Pre-Commercial Thinning On Tract @ \$ _____ Per Acre \$ _____ Minimum @ \$ _____ Per Delivery
- ☐ Other _____ @ \$ _____ Per Acre \$ _____ Minimum

OWNER/AGENT SIGN HERE _____ DATE _____

LANDOWNER OBJECTIVE: _____

RECOMMENDATIONS: _____

PRACTICE # (____) ACRES (____) _____

ENVIRONMENTAL CONSIDERATIONS: _____

IMPACT ON REMAINDER OF LANDOWNER'S PROPERTY: _____

I certify that the above project is needed and, if properly carried out according to the above recommendations, will qualify for incentive payment under the Forest Land Enhancement Program.

FORESTER NAME (PRINT) _____

FORESTER SIGNATURE _____ DATE _____

STATE FORESTER APPROVAL _____ DATE _____

I certify that the above project was completed according to the above recommendations.

ACRES COMPLETED _____

FORESTER FINAL APPROVAL _____ DATE _____

ASSISTANT REGIONAL FORESTER APPROVAL _____ DATE _____